

Thank you for your interest in joining the IHA. Please fill out the application in its entirety. Once completed, the application can be faxed to (608) 278-4260 or emailed to Shannon Kenitz at [skenitz@ihausa.org](mailto:skenitz@ihausa.org)

# MEMBERSHIP APPLICATION

DATE:

REFERRED BY:

NAME: CREDENTIALS/ACCOLADES:

BUSINESS NAME:

BUSINESS ADDRESS:

CITY: STATE: ZIP CODE: COUNTRY:

PHONE NUMBER: EMAIL ADDRESS:

## CERTIFICATION

In making this application to the International Hyperbarics Association, Inc., and if I am accepted, I agree to abide by all of its rules, regulations and policies as these may be promulgated from time to time.

Initial membership fee of **\$4000 (Provider/ Corporate) or \$1000 yearly renewal** is attached to this application.  
(Please make checks payable to International Hyperbarics Association, Inc.)

EXECUTED ON: CITY: STATE:

NAME:

SIGNATURE:

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# BILLING INFORMATION

## CREDIT CARD TYPE:



OTHER

NAME ON CARD:

CREDIT CARD NUMBER:

EXPIRATION DATE:

CVC NUMBER:

BILLING ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

# PRACTICE INFORMATION

CHAMBER TYPE:

MANUFACTURER:

MODEL/S:

MONOPLACE  MULTIPLACE

MEDICAL SPECIALTY:

ADULT  PEDIATRICS  HEALTH & WELLNESS  WOUND  NEUROLOGICAL

SPORTS INJURY & RECOVERY

OTHER MODALITIES:

SAUNA  LIGHT THERAPY  NURSING SERVICES  PT, OT OR SPEECH  OTHER

PLEASE SPECIFY: